

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/749,535
	Filing Date	12/30/2003
	First Named Inventor	Joshua D. Rabinowitz
	Art Unit	Not yet known
	Examiner Name	To be assigned
Total Number of Pages in This Submission	Attorney Docket Number	00039.09CON

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks  Info. Disc. Statement (2 pp.) Form 1449 (3 copies, 7 pages each) Copy of <u>160</u> references Return Postcard	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	ALEXZA MDC, 1001 East Meadow Circle, Palo Alto, CA 94303 Elaine C. Stracker, Ph.D., J.D. Telephone (650)-687-3905	Customer Number 37485
Signature		
Date	SEP. 24 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the		
Typed or printed name	Elaine C. Stracker	Date
Signature		SEP. 24 2004

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<b>ORIGIN (POSTAL USE ONLY)</b>		
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

**SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS**

☐ **WAIVER OF SIGNATURE (Domestic Only)** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

**NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature

<b>CUSTOMER USE ONLY</b>	
<b>METHOD OF PAYMENT</b> Express Mail Corporate Acct. No. 1051053	Federal Agency Acct. No. or Postal Service Acct. No.
<b>FROM: (PLEASE PRINT)</b> ALEXEE HOLDEN 1011 S BRADSHAW CIR PALO ALTO CA 94303-4231	<b>TO: (PLEASE PRINT)</b> MAIL STOP 8000 COMMISSIONER FOR PARISHES PO BOX 1450 ALEXANDRIA VA 22313-1450
PHONE ( 415 ) 847-1000	PHONE ( )
<p>SEP 24 2004</p> <p>ZIP + 4</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p><b>FOR PICKUP OR TRACKING CALL 1-800-222-1811</b> <a href="http://www.usps.com">www.usps.com</a> <b>EMS</b></p>	

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PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
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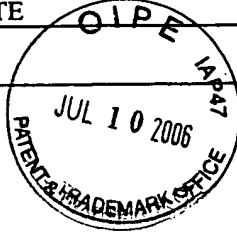
**NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature

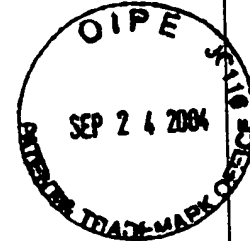
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<b>METHOD OF PAYMENT</b> Express Mail Corporate Acct. No. 1051053	Federal Agency Acct. No. or Postal Service Acct. No.
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Attorney's Docket No. 00039.09CON	Express Mail Label No. ET 777 2338 40	Mailing Date SEP. 24 2004	<b>For PTO Use Only</b> Do Not Mark in This Area
Application No. 10/749,535	Filing Date 12/30/2003	Attorney ECS	
Title of the Invention <b>DELIVERY OF ERECTILE DYSFUNCTION DRUGS THROUGH AN INHALATION ROUTE</b>			
Applicant Rabinowitz et al.			
Enclosures  PTO/SB/21 Transmittal (1 pp.) Info. Discl. Statement (2 pp.) Form 1449 (3 copies, 7 pages each) Copy of 160 references			



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Application No. 10/749,535	Filing Date 12/30/2003	Attorney ECS	
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Docketed: 10/1/04  
 Reminder: NA  
 Final Due Date: NA